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CONFIRMATION NO. 3591

<b>SERIAL NUMBER</b> 10/633,050	<b>FILING OR 371(c) DATE</b> 07/31/2003 <b>RULE</b>	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2621	<b>ATTORNEY DOCKET NO.</b> J-OAER.1017
<b>APPLICANTS</b> Michael R. Dennis, Scappose, OR; David M. Dennis, Scappose, OR;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/484,264 06/30/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 10/29/2003				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 4
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 56703				
<b>TITLE</b> Plural-receptor, plural-mode, surveillance imaging system				
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit				